

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <input type="text" value="11822"/>		2 Fiscal Year Covered From: <input type="text" value="1"/> / <input type="text" value="1"/> / <input type="text" value="2005"/> Through <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2005"/>	
3 Name and address of person filing. Name <input type="text" value="Joseph"/> <input type="text" value="A"/> <input type="text" value="Molnar"/> P O Box, Bldg. Room No. if any <input type="text"/> Street <input type="text" value="2752 Hilltop Dr"/> City <input type="text" value="Parma"/> State <input type="text" value="Ohio"/> ZIP Code + 4 <input type="text" value="44134"/>		4 Name, file number and address of labor organization. Name <input type="text" value="Teamsters Local Union No 507"/> Labor Organization File Number <input type="text" value="064-048"/> P O Box, Building and Room Number if any <input type="text"/> Street <input type="text" value="5425 Warner Rd Unit 7"/> City <input type="text" value="Cleveland"/> State <input type="text" value="Ohio"/> ZIP Code + 4 <input type="text" value="44125"/>	
5. Position in labor organization. <input type="text" value="Trustee"/>			

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any <input type="text"/> P O Box, Bldg., Room No. if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text" value="\$0"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <input type="text" value="Joseph Molnar"/>	On <input type="text" value="3-31-06"/> <input type="text" value="216 328 0111"/> Date Telephone Number

Name of Person Filing Joseph Molnar	File Number U- 11822
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Teamsters Local Union No 507 CER Fund</p> <p>Trade Name if any <input type="text"/></p> <p>P O Box, Bldg. Room No. if any <input type="text"/></p> <p>Street 5425 Warner Rd Unit 7</p> <p>City Cleveland</p> <p>State Ohio ZIP Code + 4 44125</p>	<p>9 Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10 If 9 b or 9 c. is checked give trust or employer's name</p> <p>Name Teamsters Local Union No 507</p> <p>Trade Name, if any <input type="text"/></p> <p>P O Box, Bldg. Room No. if any <input type="text"/></p> <p>Street 5425 Warner Rd Unit 7</p> <p>City Cleveland</p> <p>State Ohio ZIP Code + 4 44125</p>	<p>11 a. Nature of such dealing</p> <p>Participant as a member of Teamsters Local 507</p> <hr/> <p>11.b. Approximate dollar value of such dealing. <input type="text" value="\$0"/></p> <p>12.a. Nature of interest held or income received.</p> <p>Participant in Charitable Educational and Recreational activities with and on behalf of members of Teamsters Local 507</p> <hr/> <p>12.b. Amount. <input type="text" value="\$745"/></p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name if any <input type="text"/></p> <p>P O Box, Bldg. Room No. if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text" value="\$0"/></p>